

### DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: An apparatus for the surface working of a workpiece as well as the use of the apparatus for the blasting of bore walls, the specification of which      is attached hereto or X was filed on October 30, 2003 as Application No. 10/699,601 and was amended on                      (if applicable).

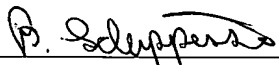
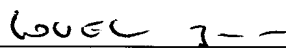
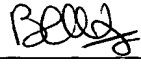
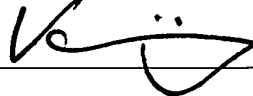

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

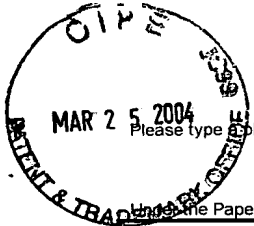
#### Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
Europe	02405936.2	November 1, 2002	

Full Name of Inventor 1:	Last Name: <b>SCHUPPISSER</b>	First Name: <b>Beat</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>CH-8500 Frauenfeld</b>	State/Foreign Country: <b>Switzerland</b>	Country of Citizenship: <b>Switzerland</b>	
Post Office Address:	Post Office Address: <b>Sulackerstrasse 5A</b>	City: <b>CH-8500 Frauenfeld</b>	State/Country: <b>CH</b>	Postal Code: <b>CH-8500</b>
Full Name of Inventor 2:	Last Name: <b>LOGEL</b>	First Name: <b>Jean-Claude</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>F-67610 La Wantzenau</b>	State/Foreign Country: <b>France</b>	Country of Citizenship: <b>France</b>	
Post Office Address:	Post Office Address: <b>13 rue de Limoges</b>	City: <b>F-67610 La Wantzenau</b>	State/Country: <b>F</b>	Postal Code: <b>F-67610</b>
Full Name of Inventor 3:	Last Name: <b>KLOTZ</b>	First Name: <b>Beatrice</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>F-67170 Brumath</b>	State/Foreign Country: <b>France</b>	Country of Citizenship: <b>France</b>	
Post Office Address:	Post Office Address: <b>12 Allee des Acacias</b>	City: <b>F-67170 Brumath</b>	State/Country: <b>F</b>	Postal Code: <b>F-67170</b>
Full Name of Inventor 4:	Last Name: <b>KOENIG</b>	First Name: <b>Holger</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>D-72108</b>	State/Foreign Country: <b>Germany</b>	Country of Citizenship: <b>Germany</b>	
Post Office Address:	Post Office Address: <b>Rottenburgerstrasse 29</b>	City: <b>D-72108 Oberndorf/Rottenburg</b>	State/Country: <b>D</b>	Postal Code: <b>D-72108</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1 	Signature of Inventor 2 	Signature of Inventor 3 	Signature of Inventor 4 
Date <u>27.11.2003</u>	Date <u>31/10/03</u> 	Date <u>31/10/03.</u>	Date <u>7.10.03</u>



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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	10/699,601
	<b>Filing Date</b>	October 30, 2003
	<b>First Named Inventor</b>	Beat SCHUPPISSER
	<b>Title</b>	An apparatus for the return of lubricant for a refrigeration machine
	<b>Group Art Unit</b>	3744
	<b>Examiner Name</b>	Unassigned
	<b>Attorney Docket Number</b>	015258-061600US

I hereby appoint:

☒ Practitioners at Customer Number  → **\*20350\***  
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PATENT TRADEMARK OFFICE

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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**OR**  
☐ Practitioners at Customer Number  →

☐ Firm or Individual Name

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Address

City State ZIP

Country

Telephone Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

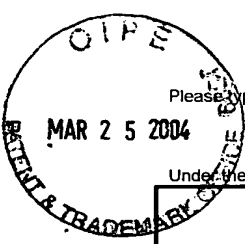
<b>Name</b>	Beat SCHUPPISSER
<b>Signature</b>	
<b>Date</b>	22.11.2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.  
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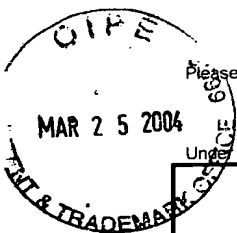
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SIGNATURE of Applicant or Assignee of Record	
Name	Jean-Claude LOGEL
Signature	
Date	31/10/03
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Name	Beatrice KLOTZ
Signature	31/10/03
Date	31/10/03
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**SIGNATURE of Applicant or Assignee of Record**

Name Holger KOENIG

Signature

Date

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